

## WISCONSIN MEDICAID SPECIALIZED MEDICAL VEHICLE STAT-PA WORKSHEET

The specialized medical vehicle (SMV) Specialized Transmission Approval Technology-Prior Authorization (STAT-PA) Worksheet is not a required worksheet for documenting the information needed to request PA for SMV transportation. Providers may find it helpful to enter the information requested in each category in the spaces provided to the right of each item before connecting to the STAT-PA system.

<b>Name — Recipient</b>	
<b>Prior Authorization (PA) Number</b> The STAT-PA system will indicate the seven-digit PA number at the end of the transaction. Please record the number here.	

### STAT-PA REQUEST CHECKLIST

The STAT-PA system will ask for the following items in the order listed below.

<b>Wisconsin Medicaid Provider Number</b> Enter the provider's eight-digit Medicaid provider number.	
<b>Recipient Medicaid Identification Number</b> Enter the recipient's ten-digit Medicaid identification number. This can be found on the recipient's Medicaid identification card.	
<b>Procedure Code of Product Requested</b>	<b>00025</b>
<b>Type of Service (TOS) Code</b>	<b>9</b>
<b>Diagnosis Code</b>	<b>00025</b>
<b>Place of Service (POS) Code</b> Enter the POS code for this trip. Refer to Appendix 32 of this handbook for a list of allowed POS codes.	
<b>Requested Grant Date or Date of Service</b> Enter the date in the eight-digit MMDDYYYY format. The grant date entered may be up to 31 calendar days in the future. In the event that the STAT-PA system is unavailable at the time the service is provided, the PA request may be backdated up to four calendar days.	
<b>Quantity or Days' Supply Requested</b>	
<b>Service Provided Modifier</b> Refer to Appendix 33 of this handbook for a list of allowable modifiers.	
<b>Certification of Need for Specialized Medical Vehicle Transportation on File?</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>Prescription Date</b> Enter the eight-digit signature date on the prescription in MMDDYYYY format. The prescription date cannot be more than six months in the past from the requested grant date.	

**REMINDER:** A PA number will be assigned at the end of the transaction. Please enter the assigned PA number in the space provided at the top of this worksheet below the recipient's name.